Data Collection Training Individual Non-Core Participant Data (Profile)

Statewide Data Collection and Evaluation of First 5 California Funded Programs



Goals of Training

- To define "individual non-core (INC) participant."
- To understand what kind of data are collected about an individual non-core participant.
- To learn how to use the INC Participant Client Profile (for child or adult).

Individual Non-Core (INC) ParticipantDefinition

An individual (i.e., a child age 0 to 5 or the guardian of such a child) being served by a First 5 funded program whose service information is being tracked.

The type of information collected about an INC participant includes:

- Consent to participate
- Demographic information
- Services received

What questions can INC participant data answer?

- How many Spanish-speaking children received child development services?
- What percentage of children who received health services from First 5 programs were under the age of 3?
- What percentage of direct service contacts were with children ages 3 to 5? What percentage were with children identified as Latino?
- How many children have been identified with disabilities or other special needs at entry into First 5 services?

INC Participant Profile purposes

- To document the date of client consent.
- To document the date of initial First 5 service delivery.
- To collect identifying information about a participant to create a unique, unduplicated record.
 - Once an INC client record is set up, each service delivered to the client can be documented.

*Refer to the *INC / Core Service Data Collection Tool* for collection of service data.

To document each service an INC client receives, an INC service data collection tool must be completed.*

INC Participant Consent to Participate Reminders

- The consent/authorization form must be signed by the parent or the child's legal guardian prior to completing the client profile.
- The consent/authorization form is available in multiple languages.
- Program staff must retain a signed original and give a copy of the consent to the participant.
- The consent is effective for 10 years, unless revoked by the participant before then.

INC Participant Collection of personal information

Data elements include:

- Identifying information as prescribed by AB 99 legislation
 - Name
 - Date of birth
 - Gender
 - Place of birth
 - Mother's first name
- Demographic information
 - Ethnicity
 - Primary language
- Zip code of residence
- Address and phone number (optional)

INC Participant Example

Mrs. Kim conducts home visits for parents to provide parent education and family literacy programs.

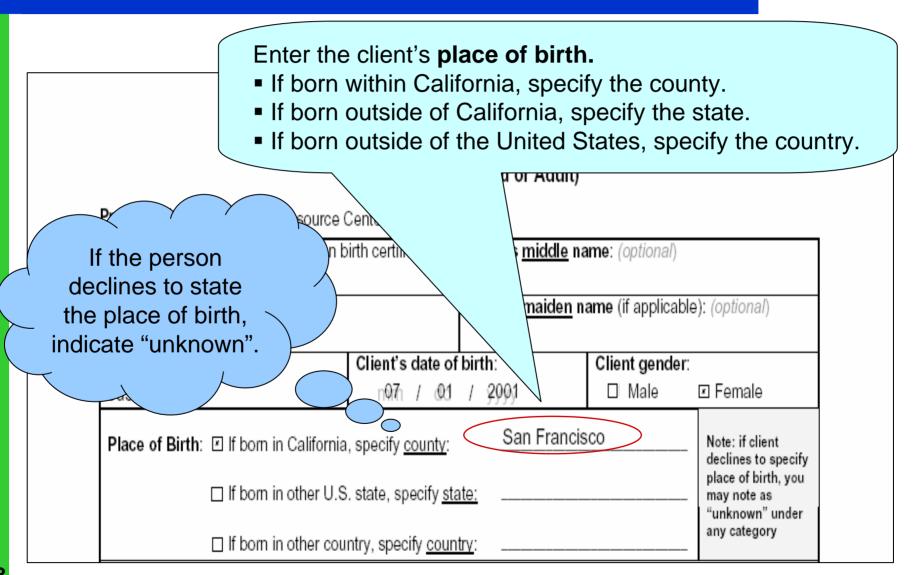
In July, she began meeting with an Englishspeaking Asian adult and completed an INC client profile.

er the program name .				
	Client Profile (fo	Participant Mod or Child or Adult)	ule	
Program Name: Mayberry Resource	Center			
Client's <u>first</u> name as it appears on birth certificate: Jennifer Client's <u>middle</u> name: (optional)				
Client's current <u>last</u> name:		Client's maiden name (if applicable): (optional)		
Nguyen				
Mother's <u>first</u> name:	Client's date of	birth:	Client gende	r.
Susan	n 07 n / 0 01	/ 2001	☐ Male	Female
Place of Birth: ☑ If born in California, specify county: San Francisco Note: if client declines to specify place of birth, you				
☐ If born in other U.S	☐ If born in other U.S. state, specify <u>state:</u> may note as			
☐ If born in other cou	ntry, specify <u>coun</u>	<u>trv</u> :		"unknown" under any category

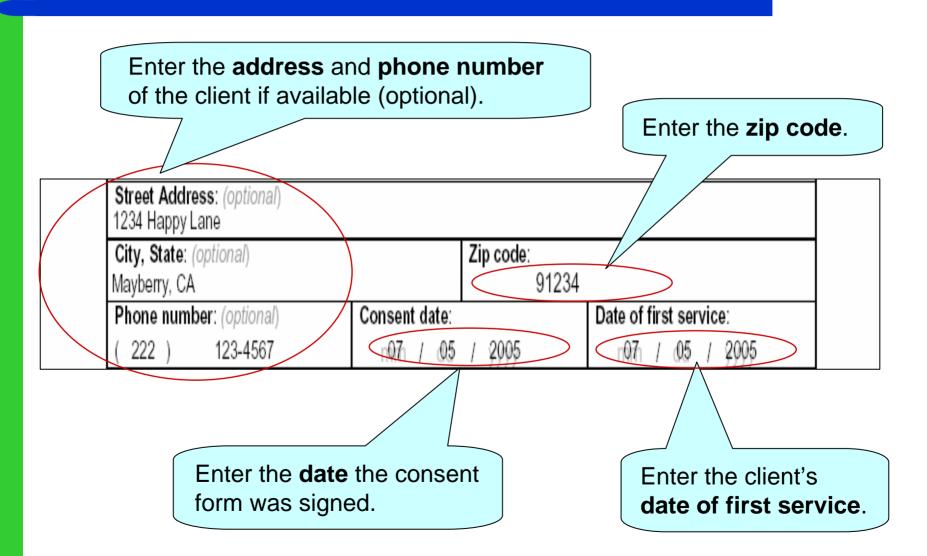
Enter the client's first and las name (middle name is optional					
	lient Profile (fo	Participant Modu r Child or Adult)	ıle		
Chent's <u>first</u> name as it appears on bi	rth certificate:	Client's <u>middle</u> na	me: (optional)		
Client's current <u>last</u> name:		Client's <u>maiden</u> na	ame (if a	o not enter	
Nguyen				cknames or	
Mother's <u>first</u> name:	Client's date of	birth:	Clie	partial first	
Susan	n 07 n / 001	/ 2001	🛚 naı	mes (i.e., Jen	
Place of Birth: If born in California, specify county: If born in other U.S. state, specify state: If born in other country, specify country: If born in other country, specify country: San Francisco place of birth, you may note as "unknown" under any category					

	ividual Non-Core Participant N Client Profile (for Child or Adu		
Program Name: Mayberry Resource	Center		
Client's <u>first</u> name as it appears on Jennifer Client's current <u>last</u> name: Nguyen		e name: (optional) rst name of s mother.	tional)
Mother's <u>first</u> namo:	Client's date of birth:	Client gender:	
Susan	n 97 n / .0 1 / 2 99/1	☐ Male ☑	Female
Place of Birth: ☑ If born in Californi ☐ If born in other U.	ia, specify <u>county</u> : <u>San Fra</u> S. state, specify <u>state:</u>		Note: if client declines to specify place of birth, you may note as "unknown" under

Individual Non-Core Participant Module Client Profile (for Child or Adult)					
Program Name: Mayberry Resource	Center	Ente	er the clie	nt's date of	birth.
Client's <u>first</u> name as it appears on b Jennifer	oirth certificate:	Client's <u>middle</u> /			
Client's current <u>last</u> name:		Client's mair (if applicable): (optional)			
Nguyen					
Mother's <u>first</u> name:	Client's date of	birth:	Client gender		
Susan	<u></u>	/ 2001	☐ Male	Female	
Place of Birth: ☑ If born in California, specify county: San Francisco Note: if client					
☐ If born in other U.S. state, specify state: Select the client's gender.					
☐ If born in other cou	intry, specify <u>coun</u>	<u>try</u> :		"unknown" under any category	



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Select the **ethnicity** of the client. You can select multiple categories.

	Ethnicity (check all that apply):							
□ Alaska Native or American Indian ➤ Asian □ Asian Indian □ Cambodian □ Chinese □ Filipino □ Japanese □ Korean □ Vietnamese □ Other Asian		 □ Black/African-American ➤ Hispanic/Latino □ Mexican, Mexican- American, Chicano □ Puerto Rican □ Cuban □ Central American □ Other Hispanic/Latino 	 ▶ Pacific Islander □ Native Hawaiian □ Guamanian or Chamorro □ Samoan □ Other Pacific Islander □ White □ Other: specify □ Unknown 					
	(For child only) Has this child been identified with any disabilities or special needs? Yes No Unknown							

Indicate whether the child has been identified with any disabilities or special needs.

What language does the family speak most at home? (check ONE box):					
other language	ther language equally (indicate below) English, which language does the fa	Mostly another language (indicate other language below) Unknown Martin Drugs Check ONE box):			
☐ Cantonese ☐ Hmong ☐ Korean	☐ Assyrian ☐ Greel ☐ Bosnian ☐ Gujar ☐ Burmese ☐ Hebre	Choose the language most often spoken at home by the family.			
☐ Spanish ☐ Tagalog (Pilipino) ☐ Vietnamese ☐ Other (mark list below)	Cebuano (Visayan) ung Chaldean Chamorro	Mien			
Albanian Amharic (Ethiopian) Arabic Armenian	Chaozhou (Chaoch If the fam another mostly and	ily speaks English and language equally or other language, indicate quage in this section.			

INC Participant Profile Summary

- A signed consent must be obtained prior to collecting INC participant profile information.
- Individual non-core participants can be either a guardian or a child age 0 to 5.
- Use the INC Participant Client Service Data Tool to document each service delivered to all INC client.